

GROUP FOR THE ADVANCEMENT OF PSYCHIATRY

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AN OUTLINE FOR EVALUATION OF A COMMUNITY PROGRAM IN MENTAL HYGIENE

Formulated by the Committee on Cooperation with Lay Groups

INTRODUCTION

In its work with lay groups interested in the field of mental hygiene, the Committee on Cooperation with Lay Groups has become aware of the lack of information and technical knowledge which inhibits lay people in their efforts to advance the cause of mental hygiene in their local communities.

The Committee has also noticed that many psychiatrists, when approached by lay people for help in forming a community mental hygiene program, have only rather vague ideas of how such a program should be initiated. The committee accordingly came to the conclusion that there existed a need for a broad outline of the various issues and factors which should be included in any community mental hygiene program. It thereupon assigned itself the task of framing such an outline in the hope that it would be useful, not only to members of lay organizations who have become interested in mental hygiene, but also to psychiatrists, in public and private practice, who might be called upon for advice and participation in such a program.

In attempting to complete the task, the Committee came to the conclusion that such an outline could, at best, be only sketchy and that complete discussion of various points should be sacrificed for the sake of broad coverage of the field. It thought of the outline as raising a number of questions in the minds of lay people which would then stimulate them to educate themselves regarding what needs to be done in their communities. The outline, therefore, materialized as a guide to the evaluation of existing community mental hygiene programs and as a series of hints as to how such programs could be improved. It obviously raises more questions than it answers with the intention that the responsibility for getting the questions answered will rest with the lay public.

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I. Introduction

In recent years the public has become increasingly aware of the problems of mental health and illness. The dissemination of statistics regarding the prevalence of mental illness, the dramatization of neglect of the mentally ill, and the realization of the effectiveness of the newer methods of therapy, have all served to emphasize the magnitude of the problem of mental ill health. It is now becoming generally realized that although the cost of care of the mentally ill is great, not nearly enough funds have been spent in this field to bring the problem under control..

One important method of approach to the control of mental illness, is to go beyond the problem of the acutely ill to the matter of the mental health of all the members of the community. This means the framing of a total program, including the vital areas of prevention and hygiene along with the care of those already ill.

Mental health can be defined as a state of well-being, of efficiency at work, and of harmony in human relationships. Mental hygiene is any activity which contributes toward raising the general level of mental health. Although from this point of view almost any human activity has its mental hygiene aspects, nevertheless certain measures are more deliberately aimed at the mental health target. Such measures include both general community activities bearing upon the opportunity of the individual to achieve satisfactory social and personal adjustments, and specific community facilities for the treatment of the mentally ill.

This outline is designed to aid any group in learning about the mental hygiene activities of its own community, and in planning for their improvement. In any concerted attempt to raise the level of mental health in the community, the first step must be a familiarity with the existing mental hygiene activities for the sake of evaluating their effectiveness or their deficiencies. The next step is a long-range plan for the improvement of the current situation. Finally, it is necessary to initiate concerted action by all interested groups in the community to bring the long-range plan to fruition.

The series of questions composing this outline is not presented as a detailed program but merely as a guide to the type of thinking and planning necessary to any effort to raise the level of mental health in a community. In spite of the relatively incomplete coverage of the mental hygiene field, it will be found that most communities are tragically deficient in many of the topics covered in the outline. The answers to many questions will be negative or unsatisfactory. This is to be expected in view of the extreme youth of the mental hygiene effort. In an area in which effective action is in its infancy, unsatisfactory current

situations serve to stimulate the energy necessary to overcome the obstacles. It is, therefore, hoped that any dissatisfaction and discouragement evoked by the use of this outline will rapidly dissolve in a spirited effort on the part of the community to change its mental health picture for the better.

II. Evaluation of Mental Hygiene Activities at the Local Level

A. General Activities Influencing Mental Health

1. Prenatal and Well-Baby Clinics, Day Care Centers and Nursery Schools

- a) Are they available to all?
- b) Are they adequate in number?
- c) Are the staffs adequate in numbers and preparation of personnel?
- d) Are the staffs—doctors, nurses, teachers, social workers—oriented to the mental health implications of the program at each center?
- e) Do they serve as sources of referral to specialized clinical facilities, including psychiatric facilities?

2. Schools

- a) Do the school buildings meet the physical requirements to carry out the educational program?
- b) Are they adequately staffed by qualified teaching personnel who are economically and professionally secure?
- c) Have the teachers had instruction in preventive psychiatry to aid their orientation to the emotional needs of each child?
- d) Do educators provide good classroom instruction in mental health principles?
- e) Are there facilities and personnel to meet the special needs of retarded, educationally gifted, and physically handicapped children?
- f) Is there an adult education school stressing special educational and social courses including normal personality development?
- g) Is there a good Parent-Teacher program, and does it include psychological as well as educational planning for parents, teachers, and children?
- h) Are state and local educational consultants utilized?
- i) Are budgetary provisions sufficient to meet the needs of the school system?
- j) Are there available diagnostic, counselling, and guidance services for adults and children, and are the personnel adequately trained and oriented to mental health principles?

3. Recreational Program

- a) Are the community recreational programs adequate in scope, and sufficiently diversified to include all age groups? All social strata? All minority groups?
- b) Are the staff and their consultants aware of the mental health implications of a broad recreational program?
- c) Are school and community recreational programs integrated?
- d) How are the activities of the Boy Scouts, Girl Scouts, Y.M.C.A., Y.W.C.A., and similar organizations integrated into the community recreational programs?
- e) Is use made of the consultation resources of the National Recreational Association?

4. Industrial Health

- a) To what extent have industries in the community developed industrial health programs?
- b) Are management and labor mutually interested in and informed of the effect of personnel selection and personnel practices on mental health?
- c) Is there mutual recognition by management and labor of the effect on mental health and working morale of human relations within and outside of the industrial plant?
- d) Are industrial physicians and personnel management sharing their responsibilities for mental health?

5. Welfare Agencies

- a) Are the budgetary provisions for the public and private social welfare agencies sufficient to provide services for all who need them?
- b) Are the agencies staffed by professionally accredited, trained workers, and is there provision for in-service training? Does training include an understanding of inter-personal relations and personality difficulties?
- c) Is there coordination of social welfare agencies with each other and with health, educational, and recreational programs?
- d) Do the social welfare agencies utilize and cooperate with psychiatric facilities in the community?
- e) Are ministers, physicians, and educators in the community oriented to the kind of service social work agencies are prepared to give?

6. Courts

- a) Do the criminal courts take into ac-

count the influence of environmental and emotional conflicts in the offender?

- b) Is probation administered under a staff trained in case work techniques?
- c) Do the courts comply with the standards of the National Probation Association?
- d) Are informal hearings held for juvenile first offenders?
- e) Is there an official psychiatric courts clinic to advise the court regarding the issue of insanity and to counsel the court regarding sentences?
- f) Are the Domestic Relations and Civil Courts aware of the environmental and emotional factors influencing mental health?

7. Public Health

- a) Is there a full-time, trained public health officer, and is he aware that mental health is part of the total public health program?
- b) Does the public health educational program include mental health?
- c) Is the public health nurse oriented to emotional factors and mental health aspects of her work?
- d) Does the community have a Health Council, including health, welfare and educational organizations?
- e) Is adequate attention paid to emotional and social factors in the special clinics such as for the crippled and spastic, rheumatic fever, tuberculosis, venereal disease, and cancer?
- f) Is hospitalization, when indicated, readily and conveniently available?
- g) Are educational and vocational counseling available to those suffering from chronic or limiting illness?
- h) Is convalescent after-care properly supervised?

8. Lawyers

- a) Are there lectures in psychiatry in the local law schools?
- b) Does the local Bar Association recognize the significance of and stimulate interest in the mental health and psychiatric aspects of legal problems?
- c) Is there effective liaison between the local Bar Association and the local Mental Hygiene Society?
- d) Is the legal profession oriented to the use of social welfare agencies, psychiatric consultation, and marriage counseling facilities in the community?

9. Clergy

- a) Are courses in preventive psychiatry

and mental health included in the preparation of divinity students for the ministry?

- b) Is the local Council of Churches aware of current thinking on the relation between psychiatry and religion?
- c) Does the Council of Churches encourage the Clergy to acquire this understanding?

10. Communications

- a) Are the people connected with the press, radio, and movies in the community well enough oriented in psychiatric understanding to give proper evaluation to material that passes through their hands?
- b) Are reliable sources of information such as a local Mental Hygiene Society, or qualified psychiatrists available to these professions?
- c) Are the public libraries well stocked with the best books on the problems of mental health?
- d) Do librarians feature this material and make it easily available to the public?

11. Socio-economic Factors

- a) Are adequate housing facilities readily available for all who need them in the community?
- b) Are employment opportunities accessible in accordance with the composition and density of the population of the community?
- c) Are racial and minority group tensions and the concomitant economic and social discriminations held to a minimum in the community?

12. Problems of the Aged

- a) Is the institutional care of the aged based upon current ideas of group living as embodied in the cottage or colony plan and stressing the importance of the individual to the group?
- b) Is there a foster home for the aged?
- c) Is vocational guidance and retraining available to the aged?
- d) Are the personnel of institutions for the care of the aged oriented to mental health principles, and is psychiatric consultation available for residents of the institutions?

B. Special Activities Influencing Mental Health

1. Lay Groups Concerned with Mental Health

- a) Is there a Mental Hygiene Society in the community consisting of an or-

ganized group of lay individuals interested in the education of the public in mental health problems?

- b) Does the Mental Hygiene Society or its equivalent have at its disposal adequate professional psychiatric advice and guidance?
- c) Does it serve as a stimulant and as an integrating body for all other groups in the community who become interested in mental health problems?
- d) Does it keep executive and legislative bodies in the community and the state informed of local mental health needs?
- e) Does it keep the public informed of legislation pending at the community or state level regarding mental health problems?

2. Professional Groups Concerned with Mental Health

- a) Is the County or District Medical Society aware of the importance of emotional factors in physical illness, and does it foster a program of psychiatric orientation for the general practitioner?
- b) Do local psychiatrists or the local Psychiatric Association maintain effective liaison with general practitioners and other specialists in the community? Do they foster programs designed to keep each other abreast of latest developments in their special fields?
- c) Does the local Psychiatric Society in liaison with the Mental Hygiene Society provide lecturers for the education of the community in special or general mental health problems?
- d) Does the County Medical Society have a committee which cooperates with state mental hospital?

C. Treatment Facilities

1. Outpatient Services

- a) Are there available in the community psychiatric clinics for adults and children staffed by qualified personnel?
- b) Do the public and private (voluntary) hospitals which operate outpatient clinics also provide properly staffed psychiatric clinics?
- c) Are the emotional implications of organic disease recognized in the general medical and surgical clinics?
- d) Are budgetary provisions sufficient to meet the needs of an adequate psychiatric treatment program in the community?

- e) Are there qualified psychiatrists in private practice and do they meet the needs of the community?

2. Inpatient Services

- a) Are there adequate facilities for the care of psychotic (insane) patients in public and private mental hospitals?
- b) Are there adequate facilities for the care of nonpsychotic (neurotic) patients in public and private mental hospitals?
- c) Are there adequate facilities for the care of psychotic patients in public and private general hospitals?
- d) Are there adequate facilities for the care of nonpsychotic patients in public and private general hospitals?
- e) Do these services meet the standards of the American Psychiatric Association?
- f) Are budgetary provisions sufficient to provide services for all who need them?

III. Evaluation of Mental Hygiene Activities at the State Level

A. General Activities Influencing Mental Health

1. State Agencies Parallel to Local Community Services

- a) Does the state level counterpart (Bureau of Education, Welfare, etc.) stimulate the growth of local services?
- b) Does the state level supervise and regulate local activity?
- c) Is there coordination between state and local agencies?
- d) Are budgetary provisions at the state level sufficient to provide adequate services?
- e) Is there a training program for various mental health personnel?

B. Legislation and Administration

1. Commitment procedures

- a) Are mental patients ever held in jail pending commitment to a mental hospital?
- b) Is commitment made on a medical rather than a trial-by-jury basis?
- c) Do laws differentiate between the mentally ill and the criminal?
- d) Are there established qualifications for physicians who commit patients to mental hospitals?
- e) How closely do the state commitment laws approximate to the model commitment laws drawn up by the Group for the Advancement of Psychiatry?

2. Organization of State Mental Health Office

- a) Is there centralization of authority over State Mental Hospitals?
- b) Is provision made for inspection and licensing of private mental hospitals?
- c) What is the relation between the state mental health authority and the state health officer?
- d) Are budgetary provisions sufficient to maintain a central mental health authority and to carry out the functions of that office?
- e) Does the mental health office maintain a division on research?
- f) Does it maintain outpatient services for adults and children in areas which cannot be serviced through locally developed facilities?
- g) Does it maintain an educational program?
- h) Is the state taking advantage of the financial aid available to states and communities under the National Mental Health Act administered by the Public Health Service of the Federal Security Agency?
- i) Is the state mental health program in research, education, and outpatient services adequately coordinated with national program established by the National Mental Health Act?

3. State Legislature

- a) Is the state legislature adequately informed of the needs of all mental health activities?
- b) Does the state legislature accept responsibility in principle for a broad state program in mental hygiene?
- c) Does it give adequate financial support to the program?

C. Specific Services

1. State Mental Hospitals

- a) Do the hospitals conform to the standards established by the American Psychiatric Association and the American Hospital Association?
- b) Are the budgetary provisions sufficient to meet the needs of all patients needing services?
- c) Are there facilities for follow-up care of discharged convalescent and recovered patients?
- d) Are there adequate provisions for the specialized care and resident therapy of pre-psychotic and psychotic children?
- e) Do the hospitals have Boards of

Visitors from the community who come regularly?

2. Institutions for Feeble-minded and Epileptic Children

- a) Is there provision for the care and training of retarded children?
- b) Is there provision for the care and training of epileptic children?
- c) What provisions exist for their after care?
- d) Do the provisions meet the standards of the American Psychiatric Association and the American Hospital Association?
- e) Are budgetary provisions sufficient to carry out the program?

3. Penal Institutions

- a) Is the general attitude of the prison punitive or correctional?
- b) Is a classification service available?
- c) Is there a functioning parole system?

4. Reformatories

- a) Is the general attitude punitive or correctional?
- b) Is a classification service available?
- c) Are there provisions for supervision of parole?
- d) Is the budget adequate for its needs?
- e) Is provision made for continual evaluation of results?

5. Training Schools

- a) Are Psychiatric services available for the study of the juvenile offender?
- b) Is there an actual and effective program of rehabilitation?
- c) Are provisions made for a normal scholastic education?
- d) Is there provision for supervision of parole?

6. Youth Authority

- a) Is a modern concept of a youth authority in effect?
- b) Does the youth authority have absolute authority to do that which is for the best interest of the offender?
- c) Is provision made for continual testing of results?

IV. Methods for Gaining Information

- A. Make personal visits to the local and state agencies and institutions in question.
- B. Look carefully and ask questions.
- C. Contact the experts on those activities in the community:
 1. General practitioners and the district medical society.

2. Local or nearby psychiatrists, and the psychiatric department of the state university medical school, or nearby medical school.

3. Local educators — superintendents of schools and teachers.

4. The local public health officer.

5. The director of the Council of Social Agencies as well as directors and personnel of other social welfare agencies.

6. Local business men and industrialists.

7. Local labor leaders.

8. School nurses and visiting nurses.

9. Local judges and lawyers or local Bar Association.

10. Friends who have had occasion to use psychiatric services in the community, either for themselves or their families.

11. The local Council of Churches

D. Consult the librarian and ask for reading lists.

E. Consult the administrative officer responsible for the mental health program in the state.

F. Consult the local representatives on the state legislature and the members of the legislative committees on mental health, hospitals and budgets.

G. Write to the National Committee for Mental Hygiene, 1790 Broadway, New York 19, N.Y.; to the National Mental Health Foundation, 1520 Race Street, Philadelphia 2, Penn., and to the state Mental Hygiene Society for pertinent literature and advice.

H. Write to the American Psychiatric Association, 1624 Eye St., N.W., Washington 6, D.C., attention Chairman of the Committee on Cooperation with Lay Groups, for assistance in the project.

V. Planning for Action

A. Choose the goal most significant and at the same time most practical for the community.

B. Use the strengths represented by interested groups in your community either to form or to strengthen an action committee.

C. Get the support of the whole community by a planned program of promotion, including,

1. Programs of education, lectures, round table discussions.

2. Direct voluntary work in hospitals and clinics by wives, women's auxiliaries, students, and other interested groups.
 3. Serving on boards of directors of institutions and agencies.
 4. Maintaining continual contact with the appropriate administrators and legislators.
- D. Maintain the continuity of effort by the action committee, not only in the drive toward the selected goal, but also in support of the project once it is achieved.
 - E. Avoid domination of the project by one organization or conflicting and reduplicating activities by different organizations.
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The Group for the Advancement of Psychiatry has a membership of approximately 150 psychiatrists, organized in the form of a number of working committees of about 10 members each, which direct their efforts toward the study of various aspects of psychiatry and toward the application of this knowledge to the fields of mental health and human relations. GAP is an independent group and its Reports represent the composite findings and opinions of its members only, guided by its many consultants.

Collaboration with specialists in other disciplines has been and is one of GAP's working principles. Since the formation of GAP in 1946 its members have worked closely with such other specialists as anthropologists, biologists, economists, statisticians, educators, lawyers, nurses, psychologists, sociologists, social workers, and experts in mass communication, philosophy, and semantics. GAP envisages a continuing program of work according to the following aims:

- (1) To collect and appraise significant data in the field of psychiatry, mental health and human relations;
- (2) To re-evaluate old concepts and to develop and test new ones;
- (3) To apply the knowledge thus obtained for the promotion of mental health and good human relations.

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